 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 100148</p>		
<p>Date Received: MAY 23 2011 15-APR-2011</p>		<p>Repository <input type="checkbox"/></p> <p>Reference No. 10396040</p>				
<p>OWNER INFORMATION (Type or Print)</p>						
Name		Address		Daytime Telephone Number		
City		State		Evening Telephone Number		
UNION CITY		CA				
<p>The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).</p>						
<p>VEHICLE INFORMATION</p>						
17 digit vehicle Identification Number Located at bottom of windshield on driver's side			Make	Model	Model Year	
1FAHP3ENXAW [REDACTED]			FORD	FOCUS	2010	
Date Purchased		Dealer's Name and Telephone Number		Engine:		Fuel Type:
2/28/10		SAN FRANCISCO FORD LINCOLN MERCURY (415) 861-6000		No: Cylinders		Gasoline
Original Owner <input checked="" type="checkbox"/>		Dealer's City		State	Zip Code	2.0L DOHC 14 ENGINE
SAN FRANCISCO		CA	94109			
Transmission Type		<input type="checkbox"/> Antilock Brakes		Powertrain		Multiple Failure:
		<input type="checkbox"/> Cruise Control				Airbag didn't deploy
						Incident Date(s)
						02-JAN-2011
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>						
Vehicle Component Code: 140000 AIR BAGS				Failure Mileage	Failure Speed	
				23000	35	
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</p>						
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/65R15)		
DOT No. (Example: DOTM9ABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair		Failure Location:		
Tire Component Code		Tire Failure Type:				
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</p>						
Make:		Date Manufactured:		Model No./Name:		
Seat Type:		Installation System:				
Child Seat Component Code:		Failed Part:				
<p>APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</p>						
Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Number of Persons Injured	Number of Deaths	Reported to Police
				1	0	Y
<p>Narrative Description of Incident(S), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).</p>						
<p>TL* THE CONTACT OWNS A 2010 FORD FOCUS. THE CONTACT WAS DRIVING 35 MPH WHEN A VEHICLE DROVE INTO HER PATH AND THE CONTACT CRASHED HEAD-ON INTO THE VEHICLE. THE CONTACT STATED THAT THE AIR BAGS DID NOT DEPLOY. THE CONTACT SUSTAINED CHEST INJURIES AND THE VEHICLE WAS DESTROYED. A POLICE REPORT WAS FILED AND THE VEHICLE WAS TOWED BY THE INSURANCE COMPANY. THE CONTACTED WAS AWAITING A RETURN CALL FROM THE DEALER. THE MANUFACTURER WAS NOT CONTACTED. THE VIN WAS UNAVAILABLE. THE FAILURE MILEAGE WAS 23,000.</p>						
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY</p>						
<p>The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.</p>						

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

My ~~car~~ car been through a CAR collision & ended up get totaled. The crashed is a "T-BONE" like, when the other car cut off in front of me intended to have unsafe U-TURN. I'm on my right way, in a go light & at 35-40 mph. Her car is ACURA year 2000 & two of her air bag deployed. It crossed my mind that why my CAR (brand new & yr. 2010) got totaled, noticed that my air bag didn't deploy. I suffered like 2 months w/o proper sleep due from chest pain, back pain, stiff neck & ended up as well to limit my work. I attended Chiropractor for 2 months. Attached here were the photo taken by the inspector from my Insurance (a clear view of my car that shows that there's no air bag deployed while they totaled the vehicle). A police report that included & stated that there's no air bag deployed as well plus the rest of

ATTACH ADDITIONAL SHEETS IF NECESSARY

the story involved on my concern.

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE. Washington, D.C. 20077-9382

Official Business Penalty for Private Use \$300



BUSINESS REPLY MAIL

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**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382**



Think your vehicle has a safety defect?



If so:

Use the enclosed form to file a report.

or visit:

www.safercar.gov

or call:

**Vehicle Safety Hotline
888-327-4236**



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration



State Farm Auto Claims
P. O. BOX 25005
BAKERSFIELD, CA 93390-5005

[REDACTED]
UNION CITY CA [REDACTED]

March 21, 2011

Dear [REDACTED]

Per our conversation on March 21, 2011 I have enclosed a copy of a photo showing that the airbags didn't deploy. If you have any further questions feel free to contact us at your convenience,

Patrick Currey

Team 4

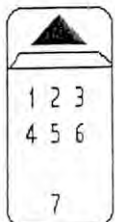
1-800-440-6175



NO RESPONSE REQUIRED


SPECIAL CONDITIONS		NUMBER INJURED 0	HIT & RUN FELONY <input type="checkbox"/>	CITY UNINCORPORATED	JUDICIAL DISTRICT HAYWARD SUPERIOR	LOCAL REPORT NUMBER 2011010003	
NUMBER KILLED 0		HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY ALAMEDA	REPORTING DISTRICT	BEAT 35	DAY OF WEEK SUNDAY	TOW AWAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
COLLISION OCCURRED ON: LAKE CHABOT RD (20200 BLOCK)				MO 01	DAY 02	YEAR 2011	TIME (2400) 1625
MILEPOST INFORMATION:				GPS COORDINATES LATITUDE 37.69681°		LONGITUDE - 122.08685°	
AT INTERSECTION WITH: <input checked="" type="checkbox"/> OR: 240 FEET NORTH OF CONGRESS WAY				STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PHOTOGRAPHS BY: <input checked="" type="checkbox"/> NONE	
LOCATION	DRIVER'S LICENSE NUMBER		STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 2002
	NAME (FIRST, MIDDLE, LAST)		OWNER'S NAME		MAKE / MODEL / COLOR ACURA 3.2 TL BLU		LICENSE NUMBER [REDACTED]
PARTY 1	STREET ADDRESS		OWNER'S ADDRESS		SAME AS DRIVER		STATE CA
	CITY / STATE / ZIP PLEASANTON CA [REDACTED]		DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		DRIVEN AWAY		
DRIVER	SEX F	HAIR BLK	EYES BRN	HEIGHT 5-02	WEIGHT 100	BIRTHDATE MO [REDACTED] DAY [REDACTED] YEAR [REDACTED]	RACE O
PEDESTRIAN	HOME PHONE		BUSINESS PHONE		PRIOR MECH. DEFECTS <input checked="" type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE		
PARKED VEHICLE	INSURANCE CARRIER AAA		POLICY NUMBER [REDACTED]		VEHICLE IDENTIFICATION NUMBER:		
BICYCLIST	DIR OF TRAVEL ON STREET OR HIGHWAY N LAKE CHABOT RD		SPEED LIMIT 40		VEHICLE TYPE 01		
OTHER	VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE		SHADE IN DAMAGED AREA TOP VIEW		
INSURANCE CARRIER AAA		POLICY NUMBER [REDACTED]		UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/>		MOD <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER <input type="checkbox"/>	
DIR OF TRAVEL ON STREET OR HIGHWAY N LAKE CHABOT RD		SPEED LIMIT 40		CAL-T _____ TCP/PSC _____ MC/MX _____		[REDACTED]	
PARTY 2	DRIVER'S LICENSE NUMBER		STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 2010
	NAME (FIRST, MIDDLE, LAST)		OWNER'S NAME		MAKE / MODEL / COLOR FORD FOCUS BLU		LICENSE NUMBER [REDACTED]
DRIVER	STREET ADDRESS		OWNER'S ADDRESS		SAME AS DRIVER		STATE CA
PEDESTRIAN	CITY / STATE / ZIP FREMONT CA [REDACTED]		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		DRIVEN AWAY		
PARKED VEHICLE	SEX F	HAIR BLK	EYES BRN	HEIGHT 5-06	WEIGHT 180	BIRTHDATE MO [REDACTED] DAY [REDACTED] YEAR [REDACTED]	RACE A
BICYCLIST	HOME PHONE		BUSINESS PHONE		PRIOR MECHANICAL DEFECTS <input checked="" type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE		
OTHER	INSURANCE CARRIER STATE FARM		POLICY NUMBER [REDACTED]		VEHICLE IDENTIFICATION NUMBER:		
DIR OF TRAVEL ON STREET OR HIGHWAY N LAKE CHABOT RD		SPEED LIMIT 40		VEHICLE TYPE 01		DESCRIBE VEHICLE DAMAGE	
VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE		SHADE IN DAMAGED AREA TOP VIEW			
UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/>		MOD <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER <input type="checkbox"/>		[REDACTED]			
CAL-T _____ TCP/PSC _____ MC/MX _____		[REDACTED]		[REDACTED]			
PARTY 3	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR
	NAME (FIRST, MIDDLE, LAST)		OWNER'S NAME		MAKE / MODEL / COLOR		LICENSE NUMBER
DRIVER	STREET ADDRESS		OWNER'S ADDRESS		SAME AS DRIVER		STATE
PEDESTRIAN	CITY / STATE / ZIP		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		DRIVEN AWAY		
PARKED VEHICLE	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE
BICYCLIST	HOME PHONE		BUSINESS PHONE		PRIOR MECHANICAL DEFECTS <input type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE		
OTHER	INSURANCE CARRIER		POLICY NUMBER		VEHICLE IDENTIFICATION NUMBER:		
DIR OF TRAVEL ON STREET OR HIGHWAY		SPEED LIMIT		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE	
UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/>		MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER <input type="checkbox"/>		SHADE IN DAMAGED AREA TOP VIEW			
CAL-T _____ TCP/PSC _____ MC/MX _____		[REDACTED]		[REDACTED]			
PREPARER'S NAME JOSEPH R MOSINSKI 018725		DISPATCH NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		REVIEWER'S NAME K DILLON # 14756		DATE REVIEWED 6/10/11	

DATE OF COLLISION (MO. DAY YEAR) 01/02/2011	TIME(2400) 1625	NCIC # 9375	OFFICER I.D. 018725	NUMBER 201101 0058
PROPERTY OWNER		OWNER ADDRESS		NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
DAMAGE DESCRIPTION OF DAMAGE				

SEATING POSITION  <p>1 - DRIVER 2 TO 6 - PASSENGERS 7 - STA. WGN REAR 8 - RR. OCC TRK. OR VAN 9 - POSITION UNKNOWN 0 - OTHER</p>	OCCUPANTS A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP/SHOULDER HARNESS USED H - LAP/SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED	SAFETY EQUIPMENT L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED CHILD RESTRAINT Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE	M/C BICYCLE - HELMET DRIVER PASSENGER V - NO X - NO W - YES Y - YES EJECTED FROM VEHICLE 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	INATTENTION CODES A - CELL PHONE HANDHELD B - CELL PHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONAL HYGIENE J - READING K - OTHER
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ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	1	2	3	SPECIAL INFORMATION	1	2	3	MOVEMENT PRECEDING COLLISION
1 A VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 22100(B)	A CONTROLS FUNCTIONING				A HAZARDOUS MATERIAL				A STOPPED
	B CONTROLS NOT FUNCTIONING*				B CELL PHONE HANDHELD IN USE			X	B PROCEEDING STRAIGHT
B OTHER IMPROPER DRIVING*	C CONTROLS OBSCURED				C CELL PHONE HANDSFREE IN USE				C RAN OFF ROAD
	D NO CONTROLS PRESENT / FACTOR*	X	X	X	D CELL PHONE NOT IN USE				D MAKING RIGHT TURN
C OTHER THAN DRIVER*	TYPE OF COLLISION				E SCHOOL BUS RELATED				E MAKING LEFT TURN
	A HEAD - ON				F 75 FT MOTORTRUCK COMBO			X	F MAKING U TURN
	B SIDE SWIPE				G 32 FT TRAILER COMBO				G BACKING
D UNKNOWN*	C REAR END				H SIDESHOW				H SLOWING / STOPPING
	D BROADSIDE				I STREET RACING				I PASSING OTHER VEHICLE
WEATHER (MARK 1 TO 2 ITEMS)	E HIT OBJECT				J				J CHANGING LANES
A CLEAR	F OVERTURNED				K				K PARKING MANEUVER
X B CLOUDY	G VEHICLE / PEDESTRIAN				L				L ENTERING TRAFFIC
C RAINING	H OTHER*				M				M OTHER UNSAFE TURNING
D SNOWING					N				N XING INTO OPPOSING LANE
E FOG / VISIBILITY FT.					O				O PARKED
F OTHER:*	MOTOR VEHICLE INVOLVED WITH				P				P MERGING
G WIND	A NON - COLLISION				Q				Q TRAVELING WRONG WAY
	B PEDESTRIAN								R OTHER*:
LIGHTING					OTHER ASSOCIATED FACTORS (MARK 1 TO 2 ITEMS)				
A DAYLIGHT	C OTHER MOTOR VEHICLE				A VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
B DUSK - DAWN	D MOTOR VEHICLE ON OTHER ROADWAY	1	2	3	B VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
X C DARK - STREET LIGHTS	E PARKED MOTOR VEHICLE				C VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
D DARK - NO STREET LIGHTS	F TRAIN								
E DARK - STREET LIGHTS NOT FUNCTIONING*	G BICYCLE								
	H ANIMAL:								
ROADWAY SURFACE									
A DRY	I FIXED OBJECT:				D			X X	A HAD NOT BEEN DRINKING
X B WET	J OTHER OBJECT:				E VISION OBSCUREMENT:				B HBD - UNDER INFLUENCE
C SNOWY - ICY					F INATTENTION*:				C HBD - NOT UNDER INFLUENCE*
D SLIPPERY (MUDDY, OILY, ETC.)					G STOP & GO TRAFFIC				D HBD - IMPAIRMENT UNKNOWN*
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)					H ENTERING / LEAVING RAMP				E UNDER DRUG INFLUENCE*
A HOLES, DEEP RUT*	PEDESTRIAN'S ACTIONS				I PREVIOUS COLLISION				F IMPAIRMENT - PHYSICAL*
B LOOSE MATERIAL ON ROADWAY*	A NO PEDESTRIANS INVOLVED				J UNFAMILIAR WITH ROAD				G IMPAIRMENT NOT KNOWN
C OBSTRUCTION ON ROADWAY*	B CROSSING IN CROSSWALK AT INTERSECTION				K DEFECTIVE VEH. EQUIP.: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				H NOT APPLICABLE
D CONSTRUCTION - REPAIR ZONE	C CROSSING IN CROSSWALK - NOT AT INTERSECTION								I SLEEPY / FATIGUED
E REDUCED ROADWAY WIDTH	D CROSSING - NOT IN CROSSWALK				L UNINVOLVED VEHICLE				
F FLOODED*	E IN ROAD - INCLUDES SHOULDER				M OTHER*:				
G OTHER*:	F NOT IN ROAD			X X	N NONE APPARENT				
X H NO UNUSUAL CONDITIONS	G APPROACHING / LEAVING SCHOOL BUS				O RUNAWAY VEHICLE				

SKETCH FOR SKETCH DIAGRAM, SEE PAGE 4 <div style="text-align:center;">  INDICATE NORTH </div>	MISCELLANEOUS _____ Caltrans _____ Div of Hwys _____ Coroner _____ Other
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STATE OF CALIFORNIA
SKETCH DIAGRAM

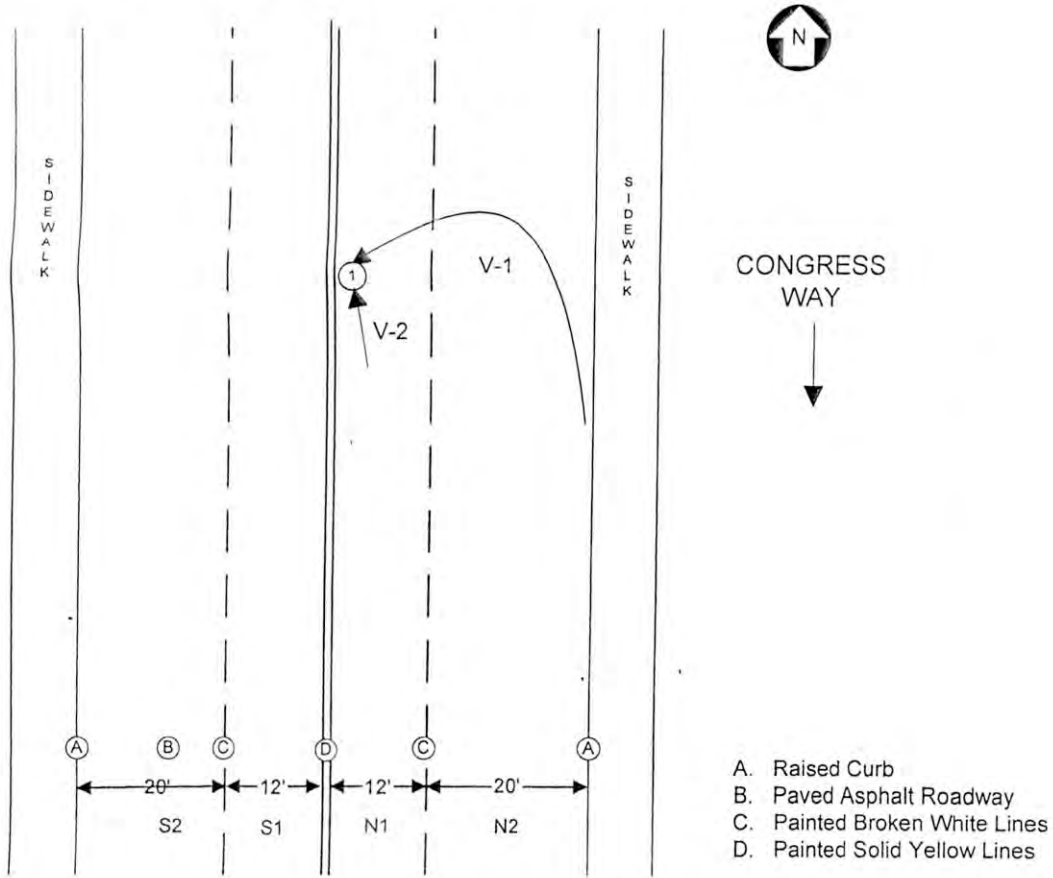
CHP 555 Page 4 (Rev. 8-97) OPI 042

PAGE 4 OF 6

DATE OF INCIDENT 01/02/2011	TIME 1625	NCIC NUMBER 9375	OFFICER I.D. 018725	NUMBER - 2011010703
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE=)

LAKE CHABOT ROAD



- A. Raised Curb
- B. Paved Asphalt Roadway
- C. Painted Broken White Lines
- D. Painted Solid Yellow Lines

PREPARED BY JOSEPH R MOSINSKI	I.D. NUMBER 018725	DATE 01/02/2011	REVIEWER'S NAME	DATE
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NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
01/02/2011	1625	9375	018725	25/0010072

1 NOTIFICATION:

2

3 At 1640 hours I received a call of a collision with property damage only. I responded from the
4 Castro Valley Area CHP Office and arrived on scene at 1650 hours. All times, speeds and
5 measurements are approximate. Measurements were obtained by pacing.

6

7 STATEMENTS:

8

9 Party #1 [REDACTED] was contacted at the scene and related the following in essence: She was driving
10 Vehicle #1 (Acura) northbound on Lake Chabot Rd, stopped next to the right curb facing north.
11 She wanted to make a U-turn. She checked back a couple times and then looked forward to
12 make sure it was clear. She proceeded to make a U-turn and turned on her left turn signal when
13 suddenly she was hit on the left front side by the blue Ford Focus.

14

15 Party #2 [REDACTED] was contacted at the scene and related the following in essence: She was
16 driving Vehicle #2 (Ford) northbound on Lake Chabot Rd just north of Congress Way, in the #1
17 lane, at approximately 35-40 mph. She saw the blue Acura parked along the right curb facing
18 north ahead of her. The blue Acura suddenly made a U-turn without signaling directly in front of
19 her and stopped in the middle of the roadway. She tried to hit her brakes and swerve left but
20 could not stop before colliding with the Acura.

21

22

23

24

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27

28

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
JOSEPH R MOSINSKI	018725	01/02/2011		

NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT

TIME

NCIC NUMBER

OFFICER I.D.

NUMBER

01/02/2011

1625

9375

018725

2011010002

1 SUMMARY:

2

3 Party #1 [REDACTED] was driving Vehicle #1 (Acura) on Lake Chabot Rd northbound, north of Congress
 4 Way, in the #2 lane, parked along the east curb facing north. Party #2 [REDACTED] was driving
 5 Vehicle # 2 (Ford) on Lake Chabot Rd northbound, north of Congress Way, in the #1 lane, at
 6 approximately 35-40 mph. P1 made an unsafe left turn when she proceeded to make a U-turn
 7 directly into the path of V2. P2 could not slow or brake sufficiently before colliding with V1. Both
 8 vehicles moved to a private parking lot west of Lake Chabot Rd and waited for CHP arrival.
 9

10 AREA OF IMPACT (AOI):

11

12 The AOI was based upon the statement of the involved parties and the damage to the involved
 13 vehicles. The AOI was determined to be the following:
 14

15 Area of Impact #1 (V1 Vs V2) was approximately 240 feet north of the north roadway edge
 16 prolongation of Congress Way and 30 feet west of the east curb of Lake Chabot Rd.
 17

18 CAUSE:

19

20 Party #1 [REDACTED] caused this collision by driving Vehicle #1 (Acura) in violation of 22100(b) VC
 21 (Unsafe left turn). These factors caused this collision. The cause was determined by the
 22 statements of the involved parties and the damages to the involved vehicles.
 23

PREPARED BY

I.D. NUMBER

DATE

REVIEWER'S NAME

DATE

JOSEPH R MOSINSKI

018725

01/02/2011